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PTO/SB/01 (3-97) Approved for use through 9/30/98. OMB 0651-0032

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Attorney Docket Number **DECLARATION FOR** First Named Inventor JIANHUA FAN UTILITY OR DESIGN COMPLETE IF KNOWN PATENT APPLICATION **Application Number** 10/050,661 Filing Date 1/16/2002 □ Declaration □ Declaration Submitted after Submitted **Group Art Unit** 1744 with Initial Initial Filing Filing **Examiner Name**

| As a below named inventor, I hereby declare that: As a below named inventor, I hereby declare that: | | | | | | | | | | |
|---|--|-------------------------|--------------|---------------|-----------------|--|--------------------------------|--|--|--|
| My residence, post office address, and citizenship are as stated below next to my name. | | | | | | | | | | |
| I believe I am the original names are listed below) | believe I am the original, first and sole inventor (if only one name is tisted below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: | | | | | | | | | |
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| · | | | he Invention | J | | | | | | |
| the specification of white | ch | | | • | | | | | | |
| is attached hereto | | | | | | | | | | |
| was filed on (MW | was filed on (MWODYYYY) as United States Application Number or PCT | | | | | | | | | |
| Application Number | | and was er | nended on (| MMODYY | m | | (if applicable). | | | |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as smended by any amendment specifically referred to above. | | | | | | | | | | |
| I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56. | | | | | | | | | | |
| I hereby claim foreign prior patent or inventor's certifica United States of America, inventor's certificate, or of claimed. | ite, or §365 (| a) or any PC I limental | const appro | ation with | the how erry | oreign application | n for patent of | | | |
| | | | 15,,,,,, | Tiles Dela | Priority | Certified Cop | y Attached? | | | |
| Prior Foreign Application Number(s) | | Country | Foreign F | (***** | Not Claimed | YES | NO | | | |
| | | | | • | 00000 | ممممم | | | | |
| | | en are listed on a suni | niemental pr | ionity data e | heet PTO/SB/0 | 7B attached here | to: | | | |
| Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below. | | | | | | | | | | |
| Application Number | | Filing Date (M | M/DD/YYY | n | numbe supple | nal provisional rs are listed on mental priority 8/028 attached | application a data sheet | | | |
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[Page 1 of 2]

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| DECLARATION — Utility or Design Patent Application | on |
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| DEC | CLA | RATIC | N — | - Utility | or C |)esi | ın l | Pater | nt A | ppl | icatio | | |
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| I hereby claim application des | the benef | fit under Title ne United Stat | 35, Unite es of Ame | d States Code (| \$120 of ar and, insofi on in the m | y United or as the s anner pro | States of ubject reided by | epplication(matter of ea the first po | s), or §3 ch of the tragraph 37, Cod | 65(c) of ctairms of Title is of Fed date of t | f eny PCT into of this applical 35, United Sta deral Regulation this application | ion is not tee Code ons §1.56 | |
| §112, I acknowledge the duty to disclose information which is material to pote which became available between the filling date of the prior application and the U.S. Parent Application PCT Parent P | | | | Parent | Filling | JUXTO | F | | Patent Nu applicable | | | | |
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| | IJ Č na D | | al angles | tion numbers are | hisled on s | supplem | ental pri | ionty data s | theet PTC | O/S8/02 | B attached her | eto. | |
| Additional | U.S. or P | C Internation | he follows | ng registered prac | ctitioner(s) | to prosec | ute this | application | and to t | ransact | all business in | ner Patent | |
| and Trademark | Office co | nnected there | with: | Chatomes significant | •• | | |] | - | | Number Bar C | | |
| | | | | OR Registered pract | Hioner(s) | rame/regi | tration | number lie | ed below | <u>. L.</u> | Registration | | |
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| Additional | registered | practitionerts |) named (| on supplemental (| Registered | Practition | er inio | 1 | | | | ee helow | |
| Direct all correspondence to: Customer Number or Bar Code Label OR X Correspondence | | | | | | | ndence addre | | | | | | |
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| Given Name (first and middle (if any)) | | | | | | Family Name or Surmanne | | | | | | | |
| AUHNAIL | | | | | FAN Date 1/16/0 | | | | | | | | |
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| Additiona |) invento | ns are being | named | on thesu | pplement | al Additi | חונגרא | ABII(2) | | | | | |